

BEST AVAILABLE COPY

MAR 08 2004

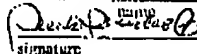
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**OFFICIAL**

APPLICANT: SANDRA FREEDMAN FELDMAN ET AL)
SERIAL NO.: 09/303,409) ART UNIT:
FILED: May 3, 1999) 2128
FOR: SYSTEM AND METHOD TO QUANTIFY) EXAMINER:
APPEARANCE DEFECTS IN MOLDED) Ferris III,
PLASTIC PARTS) Fred O.

#18/D
3-11-04
CN

I hereby certify that this correspondence is
being transmitted to the United States Patent
& Trademark Office via facsimile to facsimile
Number 703-872-9306 on March 8, 2004

Sheila Smolack



signature

3-8-04
date

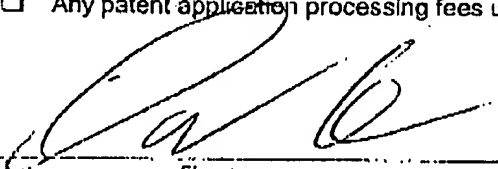
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Applicants respectfully requests entry of the following amendment and remarks
contained herein in response to the Office Action mailed on February 6, 2004.

Applicants respectfully submit that the amendment and remarks contained herein place
the instant application in condition for allowance.

OFFICIAL

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. RD26502-3		
Applicant(s): SANDRA FREEDMAN FELDMAN ET AL					
Serial No. 09/303,409	Filing Date May 3, 1999	Examiner Fred O. Ferris III	Group Art Unit 2128		
Invention: SYSTEM AND METHOD TO QUANTIFY APPEARANCE DEFECTS IN MOLDED PLASTIC PARTS			RECEIVED CENTRAL FAX CENTER MAR 08 2004		
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	22	0	x \$18.00	\$0.00
INDEP. CLAIMS	2	7	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: March 8, 2004		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 23413			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; padding: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					